Volunteer Monitoring Survey Please Return to: Danielle Donkersloot Division of Watershed Management NJDEP PO Box 418 Trenton, NJ 08625 Fax: 609-777-1282 Phone:609-633-9241 Email: Danielle.Donkersloot@dep.state.nj.us	
1. 2.	Group Name: Group Type: Water WatchWatershed AssociationLake AssociationEnvironmental CommissionNon-profit or Local Environmental GroupSchool/UniversityCounty GovernmentOther (please specify)
3.	Address:
4.	Primary contact name (and backup):     Email:     Phone:     Fax:  Backup contact: Email: Phone: Fax:
5.	Name of streams/rivers/lakes monitored:  Nearest road crossing:  Town:  County:  Location(park, preserve, etc.)

Watershed Area_		Watershed Area		
*Add an extra she	eet for other multiply	sites		
Community EducatBaseline data colle	watershed level asse			
Promote stewar Raise the level Gain understan Screen for and Assess current Track trends Source track do Assess current Supplement ago Research	of understanding of viding of existing conditions  own of nonpoint sour conditions and impairment data collection	ditions and monitor chand positive attributes  ce pollution (NPS)	ge over time	
Maintain paper Maintain comp Other (please sp	files uter files/Database pecify)	ata now? (Check all that	apply)	
•		ur group conduct and hove	w often? (Check all Visual	
Hourly				
Daily				
Weekly				

Bi-monthly

Monthly		
Seasonal		
Bi-annual		
Annual		
Other (specify)		

10. How long has your group been monitoring?
Less than 1 year
Between 2 to 5 years
5 + years
other
11. Does your group have any recognition/certifications related to monitoring? (Please explain)
12. How was your group trained? self taught
training program name
individual/group that provided training
13. How long ago was your group trained?
< 1 year
1 to 4 years ago 4 or more years ago
Continual training each year to volunteers
14. How many active volunteer monitors do you have?

15. What constraints do y apply, and explain nat	ou have with data collection or analysis? Check all that ture of constraint.)
1 1 00 1	
lack of funding	
volunteers burnt out	
	and a situa
lack of access to good/s	safe sites
poor data nandling	on as/soutral
volunteer quality assura	ance/control
otnei	
16. Do you have a quality	assurance project plan(QAPP)?
yes (Please attach a cor	
if yes, approved by who	• /
no	(4)
<del></del>	
18. Are you certified by the	he NJDEP?
	umber)
no	/
<del></del>	
19. What guide or model	did you use to develop the QAPP?
EPA guidance for deve	loping a QAPP
_other (please specify)_	
20. What type of water qu	nality parameters do you measure? (Check all that apply and
specify method use.)	
_dissolved oxygen	
BOD	
pH	
alkalinity	
coliform bacteria	
water temperature	
phosphorous/phosphate	
turbidity/clarity	
TSS/TDS	
_ _manganese	
salinity/chlorides	
hardness	<del></del>
benthic marcoinvertebrates	
other (specify parameters)	
*Attach sheet if neces	sary

2	23.	What type of field sheet protocol do you use? Please attach a copy.
2	24.	How often are volunteers evaluated for the quality of their data? By Whom? Who evaluates:
25.		Are you using a certified laboratory to analyze your samples?  _yes (name of the laboratory)no
26.		For what parameters? Please list here:
27.		If no, does someone analyze your samples?volunteers use kits for field analysisstaffother (please specify)
28.		Did any group/organization/reference materials provide advice or other help in getting your program off the ground?yes (please explain)
		no
29.		How is the program funded? (Check all that apply)individual donationsfoundation grantscorporate grantsstate grantsfederal grantsother sources (please specify)

30.	Is there a long-term commitment of funding?yesno
31.	What is the average annual cost of your volunteer monitoring efforts? (A rough estimate is sufficient.)
32.	What advice/training help, if any, would be useful to your volunteers?visual assessment trainingbiological assessment trainingspecies identificationcollection methodsQAPP development helpother
33.	If NJDEP were to host a workshop on volunteer monitoring what topic would you like to see included? (please specify)
34.	What are the best times (days of the week & hours) for you and your members to attend such a workshop?
35.	Would you like to receive information about the NJDEP's volunteer monitoring program?yesno
36.	If yes, how would you like to receive information?list serveremailpaper copy (mail)
37.	Would you and your members be interested in attending a Volunteer Monitoring Statewide Summit? yesno
38.	May we contact you with any additional questions we may have?  _yes (if yes please specify best day and time)

Thank you very much for helping us by answering this survey. We are very interested in hearing about what is going on with volunteer monitoring around the State.

If you have any questions or comments, please contact us and we can send you pre-paid postage to return survey.

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Phone: 609-633-9241